



Dr. Darla Burnett (R), current chair of the psychology, listens to discussion from board members Drs. Phil Griffin and Koren Boggs, at the recent meeting.

APA Takes LSU Off Probation

The Clinical Psychology Doctoral Program at Louisiana State University has been taken off probation and placed back on full accredited status by the American Psychological Association (APA). The program was placed on "accredited, on probation" status at the Fall 2014, noted APA, and

restored to "accredited" status for Fall 2016.

Dr. Mary Lou Kelley, Professor at the LSU Psychology Department, took on the Director of Clinical Training position in December 2014. "Two years ago we were placed on probation for failure to

Cont'd pg 5

Psychology Board to Modify Disciplinary Rule Section

The state psychology board members told attendees at the Long-Range Planning meeting held in Baton Rouge on November 11, that they would seek changes in the complaints process, Chapter 15 in Professional and Occupations Standards for Psychologists (Title 46 of the Louisiana Administrative Code). These changes may relate to matters of time limits for investigations, which came into question last year.

The board is suggesting changes to Chapter 15, "Rules for Disciplinary

Nominations Remain Open

Dr. Crouch Qualifies For LSBEP Election

Dr. Leah Crouch has qualified to run for the psychology board, after review of nominations opened by the board chair, Dr. Darla Burnett, at the recent board meeting.

Drs. Leah Crouch, Erica Meyers, and Brian Turner, all of New Orleans, applied to serve. However, after review it was determined that Dr. Crouch was the only nominee that met the new requirement of holding a license

Cont'd pg 5

Action." In the section for "Applicability; Processing Complaints," (Subchapter A), the psychology board is suggesting a change from:

C. Unless otherwise provided by law, the board may delegate its authority and responsibility under these rules to a committee of one or more board members, to a hearing officer, or to other persons.

The new wording is: "Unless otherwise provided by law, the board may delegate its authority and responsibility to an individual, or team of individuals [i.e. Complaints Coordinator, Investigator, Prosecutor, Executive Director] *[their brackets]*, a committee of one or more board members, a hearing officer, or to other persons to facilitate the investigative, prosecuting or advocating functions of the board."

The board also wants to add new language as follows:

"D. In the event that formal disciplinary proceedings are initiated, only the appointed members of the Board shall convene for hearings, informal or otherwise, to determine the final

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Psychology and Spirituality

For the holiday issue we asked some of our experts for their take on spirituality and the overlap with perspectives in psychology. Spiritual, religious, both or neither, the holidays can bring to focus the meaning of life and existence for nearly 80 percent of Americans. Here, four community experts share some ideas with us for the holidays.

Spiritual Practice in the Workplace

by Judith G. Miranti, Ed.D, LMFT, AAMFT
and Walter Breaux, III, Ph.D., LPC-S

Dr. Miranti is Clinical Fellow is a counselor educator at Xavier University of Louisiana, and Dr. Breaux is a counselor educator at Xavier University of Louisiana and a practicing therapist specializing in spirituality and metaphysical interventions. Dr. Miranti has served as the President of the National Association for Spirituality, Ethics, and Religious Values in Counseling. Drs. Miranti and Breaux have together conducted workshops and seminars on Spirituality at state and national conferences as well as community based couples' retreats emphasizing the integration of spiritual practice within marriage.

[Authors' Note: Adapted from Gregory F. A. Pierce's *Spirituality at Work: 10 Ways to Balance Your Life on the Job*. (2001) Chicago, IL: Loyola Press.]

Spirituality in the workplace is a difficult topic. Many are inhibited from discussion by the cultural attitude that it is wrong to impose one's values on another. Some professionals fear that spiritual practice in their work environment may cause undue division amongst colleagues or threaten others with different beliefs or particular biases.

Fifteen years ago, Gregory F. A. Pierce published a book on *Spirituality at Work: 10 Ways to Balance your Life on the Job* (2001). He made a striking claim: The holy and the transcendent can be found in the midst of the hustle and bustle of daily work. Rather than being a "grind," our work can be "grist" for our spiritual mills. His work was timely, it was the year in

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Fotolia

Editorial Page – Opinions

Making Decisions *by J. Nelson*

In the late 70s Archimedes and I decided it was about time to get married. Even though the 60s were in the rearview mirror, we were non-traditionalists at heart, and I, being almost done with my doctoral training, was perfectly happy living in what my dad called, “dignified poverty.”

So we invited the entire LSU psychology department, family and friends, to a pot-luck wedding reception. My dress cost \$55.00, my parents paid for liquor and Archimedes paid for the band and hall at the old Bellemont on Airline—he actually had a real job.

We were living in his small house in blue-collar, North Baton Rouge, not far from chemical plants and the department of highways. The mortgage was \$76 per month.

Archimedes made a daily trip to the local Hi Nabor grocery, where he’d load up on plate lunch specials from the deli, served by a genuine Cajun woman whose accent was so heavy I could barely understand her. But Archimedes did, because he and Cajun Lady spoke the language of food. She loved to feed him and he loved to eat. (If the house were burning down at lunchtime, he’d let it burn to the ground rather than miss his meal.)

So when Cajun Lady discovered we were getting married she enthusiastically explained that she owned a cake decorating business and made the finest wedding cakes available, and at a great price.

Archimedes said “Sure,” because he liked easy solutions to domestic problems and I said “Sure,” because I liked Archimedes. And, didn’t the French know this stuff—a la Julia Child?



Having fun with the wedding cake. Julie Nelson (L), Alice Dreger, and LSU Professor Dr. Ralph Dreger, in 1978 at the old Bellemont Hotel in Baton Rouge. *(photo by Kevin Nelson)*

So I was surprised when, on the day of our wedding activities I was met by my typically cheerful, calm sister, Suzannah, who was, in a word, frantic.

“There’s a problem with the cake,” she said in an urgent, hushed, and desperate voice.

“What’s the matter?”

“Come with me,” she rasped out. “Maybe we can cut it up into pieces before more people get here.”

She ushered me over to one of the long tables arranged around the perimeter of the hall. There sat a circus monstrosity, decorated with icing of sunflower yellow and fire engine red. It leaned to the side, as if it lacked the motivation to stand up straight. The top layer of the cake had been put on a separate plate, because it kept sliding off, Suzi said, laying the whole catastrophe at our feet and waiting for instructions.

After a short pause, Archimedes began to laugh uproariously. Then I began to laugh. My sister sighed and shook her head.

We have several judgment errors here. Our cake designer was over-confident, a common human trait. In a study of nearly 15,000 judgments, when people were 98 percent sure of something (and this did not include motivated reasoning), they were right only 68 percent of the time.

Eighty percent of high school students judge themselves to be in the top half of the population in any measure of talent. If a person is in the lowest quartile, they routinely judge themselves to be in at least the 60th percentile, and this group even ignores feedback that contradicts their self-inflated views. We PhDs are no better, in fact, we’re worse. Ninety-four percent of us think we are in the top half of all others in our profession.

Poor decisions are usually a group failure. Archimedes and I were guilty of groupthink, of conformity bias, of social loafing, and any variety of elements of motivated reasoning, just as a start.

It was only a cake. Important, serious decisions are made every day in our state by board members, lawmakers, council members, politicians, individuals, organizations—all in the pea soup of flawed human judgment and poor group process. We’re not much better than dart-throwing chimpanzees at figuring out the future, or at solving its complex problems. Psychology has a lot to offer in the dilemmas of human self-deception and problem-solving.

Our wedding cake wasn’t the worst decision I ever made—I have a list of whoppers. It wasn’t even important. But the Cajun Lady was right when she told us she’d make us a cake that we’d never forget.

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We welcome ideas for news, features, Letters to the Editor, photos, and other material related to psychological community of Louisiana.

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<http://thepsychologytimes.com/>

Corrections & Clarifications

In last month’s issue we mistakenly identified Chelsea Hightower as Kelsey Powell, in the photo of IO psychology practitioners on page 15 in the People section. We are sorry for the confusion.

Please send corrections or clarifications to the *Times* at
psychologytimes@drjulienelson.com



The Louisiana State Board of Examiners of Psychologists held their annual Long-Range Planning meeting on November 11. Attending were (L to R, clockwise) Drs. Lucinda DeGrange, John Fanning, Kim VanGeffen, Koren Boggs, Phil Griffin, Darla Burnett, Amy Henke, Ms. Jaime Monic, Darlyne Nemeth, and Joseph Comaty. Dr. Marc Zimmermann (not shown) arrived toward the later part of the meeting.

disposition on a complaint matter pursuant to the authorization granted under R.S. 37:2353. C.(4),(5) and (6). The utilization of a Coordinator and Investigator provides for a process of complaint review which minimizes sitting Board members' exposure to information prior to any hearing which may be held."

For Subchapter B., "Conduct of Formal Hearing," the board suggests the following changes.

In §1511., "Formal Hearing," the board wants to change the following:

"A. If, after completion of its investigation, the board determines that the circumstances may warrant the withholding, denial, revocation or suspension of a psychologist's license, the board shall initiate a formal hearing."

The new language is to read:

"A. If, after completion of its investigation, it is determined that the circumstances may warrant disciplinary actions, including but not limited to the withholding, denial, revocation, or suspension of a psychologist's license, the Complaints Coordinator shall initiate **formal disciplinary proceedings**, after giving the individual notice and opportunity for an informal resolution facilitated by authorized individuals."

Also changes are planned for "B. The formal hearing shall be conducted in accordance with the adjudication procedures set forth in the Louisiana Administrative Procedure Act (R.S. 49:950 et seq.)."

The new suggested language is:

"B. Formal disciplinary proceedings are initiated through the filing of an *Administrative Complaint and Request for Formal Hearing*."

Number C. is also planned for change. Currently it reads, "C. Upon completion of the adjudication hearing procedures set forth in the Louisiana Administrative Procedure Act, the board shall take such action as it deems appropriate on the record of the proceeding. Disciplinary action under R.S. 37:2359 requires the affirmative vote of at least four of the members of the board."

Proposed changes are:

C. Within one year from the receipt of the Administrative Complaint and Request for Formal Hearing, the appointed members of the board shall set a date for a hearing in accordance with LA R.S. 37:2353.C.(5)."

Section D. currently reads: "D. The form of the decision and order, application for rehearing and judicial review shall be governed by the provisions of the Louisiana Administrative Procedure Act."

Proposed changes are:

"D. The formal hearing shall be conducted in accordance with the adjudication procedures set forth in the Louisiana Administrative Procedure Act (R.S. 49:950 et seq.)."

Changes are also indicated for the next section. "D. The form of the decision and order, application for rehearing and judicial review shall be governed by the provisions of the Louisiana Administrative Procedure Act."

This is to be changed to, "D. The formal hearing shall be conducted in accordance with the adjudication procedures set forth in the Louisiana Administrative Procedure Act (R.S. 49:950 et seq.)."

The next section is currently, "E. The board shall have the authority at anytime to determine that a formal hearing should be

initiated immediately on any complaint. The complaint and investigation procedures set forth above shall not create any due process rights for a respondent who shall be entitled only to the due process provided under the Louisiana Administrative Procedure Act."

The board suggests changing this to: "E. Upon completion of the adjudication hearing procedures set forth in the Louisiana Administrative Procedure Act, the board shall take such action as it deems appropriate on the record of the proceeding. Disciplinary actions under R.S. 37:2359 requires the affirmative vote of at least four of the members of the board."

Additional sections are planned for the following:

"F. The form of the decision and order, application for rehearing and judicial review shall be governed by the provisions of the Louisiana Administrative Act."

"G. The board shall have the authority at anytime (*sic*) to determine that a formal hearing should be initiated immediately on any complaint. The complaint and investigation procedures set forth above shall not create any due process rights for a respondent who shall be entitled only to the due process provided under the Louisiana Administrative Procedure Act."

The debate over the time limit

"Rules for Disciplinary Action," came under review last year when apparent confusion over time limits for various disciplinary actions came under scrutiny. The psychology board investigations subcommittee may have been violating psychologists' rights when officials appeared to have ignored a one-year time limit known by the legal term "prescription." (See *Psychology Times*, October 2015.)

The time limit confusion came to light when two psychologists, one Dr. Alicia Pellegrin, filed objection to the board's interpretation of the time limits.

The psychology law contains language in R.S. 37:2353 that lists a one year time limit.

"(5) Conduct hearings upon complaints concerning the disciplining of a psychologist; provided that, notwithstanding Chapter 1-A of Title 37 of the Louisiana Revised Statutes of 1950, no disciplinary proceeding shall be commenced more than one year after the date upon which the board knows or should know of the act or omission upon which the disciplinary action is based."

The board appears to have argued that another area of the law overrides this interpretation. The psychology board and their attorneys called a closed, executive session to discuss this issue.

Pellegrin's case was dismissed and the other case appears to still be pending, although that cannot be verified by the *Times*.

Arguments also arose over the meaning of a "complaint." Members of the Board's complaints subcommittee argued that the complaint was not an official complaint until the subcommittee delivered it to the elected members of the board. The psychologists' attorney argued that it was a complaint when the subcommittee received it, thus starting the clock on the time limit for investigation.

See Oct 2015 issue, Vol 6- No 10, *LSBEP Attorneys in Damage Control?* Board May Have Botched Time Limits on Complaints, page one.

State & National News

LSBEP Eyeing Regulations for Unlicensed Assts

“This is something whose time might never come,” said Vice Chair Dr. Phillip Griffin, addressing the members of the Louisiana State Board of Examiners of Psychologists (LSBEP) at the November 11 Long-Range Planning meeting. He introduced discussion about some level of regulation of unlicensed assistants who work for psychologists. Griffin told those attending, “Don’t shoot the messenger.”

Dr. Griffin said that Louisiana had recently passed a law requiring background checks for unlicensed assistants for institutions, and that the topic for psychologists’ assistants, needs to be addressed.

He also said that in his role with the Applied Behavior Analysis Board, he had seen that the background checks on line technicians uncover a “lot of issues.”



Dr. Amy Henke (L) and Ms. Jaime Monic review notes while attending the recent Long-Range Planning meeting of the Louisiana Board of Examiners of Psychologists.

Dr. Kim Van Geffen, Chair of Professional Affairs for the Louisiana Psychological Association, asked, “Have there been any incidents?” The board members did not confirm that there had been any issues, or provide

any statistics. But Ms. Jaime Monic, current executive director for the LSEP, noted that background checks uncovered issues for psychologists that would surprise those attending the meeting.

Monic read the licensing law where the LSBEP is viewed to have authority over assistants, and said that it could include, “anyone under the supervision...”

Dr. Joe Comaty, also attending, said that the Louisiana statutes put the psychologist under a “strict liability standard,” where the psychologists have full responsibility for the actions of assistants.

Griffin said, “We haven’t thought of how this would work,” and explained that it was in the early stages of discussion.

Changes to Ethics Section Proposed by Psych Board


The board is suggesting changes to Chapter 13 for “Ethical Standards of Psychologists,” by removing specific reference to the American Psychological Association (APA) Ethical Principles and Code of Conduct, and replacing it with sections of the Code placed in the Rules, word-for-word, with some selections deleted.

Presently, §1301., “Preamble,” reads: “A. The Board of Examiners of Psychologists incorporates by reference and maintains that Psychologists shall follow the APA Ethical Principles of Psychologists and Code of Conduct with the 2010 amendments adopted by the American Psychological Association's Council of Representatives on February 20, 2010, effective June 1, 2010. The *Ethics Code* and information regarding the code can be found on the APA website, <http://www.apa.org/ethics>, or from the LSBEP web site at <http://www.lsbep.org>.”

The new language would be: “Psychologists work to develop a valid and reliable body of scientific knowledge based on research. They may apply that knowledge to human behavior in a variety of contexts. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administration (sic), social interventionists (sic), court mediator, and expert witness. Their goal is to broaden knowledge of behavior and, where appropriate, to apply it pragmatically to improve the condition of both the individual and society. Psychologists respect the central importance of freedom of inquiry and expression in research, teaching, and publication. Psychologists respect and protect human and civil rights, and do not knowingly participate in or condone unfair, discriminatory practices. They also strive to help the public in developing informed judgments and choices concerning human behavior. These rules set standards and guidelines are established (sic) for the welfare and protection of the individuals and groups with whom psychologists work.”

In the current version, the language ends at this point. The psychology board proposes to add new sections that tract the APA codes, with some sections deleted.

American Board of Medical Psychology



The Specialty for the Coming Integrated Care Models in Primary Care Centers and Hospitals

Medical Psychologists are post doctorate trained and licensed psychologists with training in psychopharmacology, behavioral medicine, and health psychology. A medical psychologist is more than a psychopharmacologist and clinical psychologist and they are prepared for the mainstream healthcare system.

They have passed a national oral and written examination and have completed a preceptorship.

Join our interest society or present your credentials and training for examination and diplomat status at:

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LSU Off Probation cont’d

address programmatic concerns,” Dr. Kelley said. “The concerns primarily focused on how we measure student performance and whether they have met minimal levels of achievement,” she said.

“There were other concerns such as how we recruit and retain diverse students and faculty, updating syllabi to be aligned with our training goals, and adding two classes,” Kelley said.

Dr. Kelley accepted the position of Director of Clinical Training and was charged with the task of addressing these issues and regaining accreditation. “The clinical faculty along with Department Chair Jason Hicks, Director of Graduate Training Emily Elliot, and the entire department worked diligently to address APA’s concerns,” she said.

“Overall, we believed the changes in the program were long overdue,” Kelley said. “We knew we were providing excellent training but our policies and procedures in the past didn’t measure our training accomplishments adequately.”

“With the goal of APA accreditation achieved, we are very proud of the changes we made to achieve consistency in training goals, competencies, and the measurement of the competencies.”

“Through everyone’s determined and united efforts, we have opened a new chapter and look forward to our future as an exemplar of excellence in clinical training,” said Kelley.

Dr. Kelley said that the “clinical faculty are rejuvenated and feel that we have a dynamic program that will remain under self-scrutiny and be revised on an as needed basis. We are excited about our program and the changes that we have made.”

VA Accepts PCSAS Accreditation

The U.S. Department of Veterans Affairs announced that it will accept clinical psychologists from programs accredited by the Psychological Clinical Science Accreditation System (PCSAS) for employment and internships, according to a report in the September *Observer*, published by the Association for Psychological Science. The PCSAS will have same standing in the VA as the American Psychological Association’s Commission on Accreditation (CoA).

Dept of Health Issues RFI for Provider-Led Accountable Care Organizations in Medicaid

The Louisiana Department of Health (formally the Louisiana Department of Health and Hospitals) is requesting information for Provider-Led Accountable Care Organizations.

In a November 4 announcement, Frank Opelka, Medicaid Program Manager wrote, “As part of its efforts to modernize payment mechanisms for Louisiana’s Medicaid program and its delivery system features, to shift from paying for *volume* to paying for *value* and to improve health care quality and outcomes, the Louisiana Department of Health (LDH) is seeking comment on the possibility of inviting provider-led managed care plans to participate in the Healthy Louisiana Medicaid managed care program as Accountable Care Organizations (ACOs).”

Responses are due by 5 pm on December 9, by email.

According to the Request for Information (RFI), LDH is seeking community input on the development of requirements for the provider led ACOs. The authors of the RFI noted that they expect that ACOs would be organizations or groups of organizations with a hospital, a federally-qualified health center, or a rural health clinic. These organizations would be owned, governed and led by Louisiana health care providers and be capable of providing, “... for the case management and primary and secondary care needs of no fewer than 10,000 Medicaid beneficiaries annually...”

“ACOs must focus on bettering the overall health of the population they serve. This is achieved through better-coordinated care as well as population health initiatives,” noted the authors.

“ACOs must implement ‘meaningful and identifiable’ reforms in patient engagement and care delivery, to demonstrate a significant effort to improve quality and value of patient care.

“ACOs must incentivize a realistically achievable shared savings mechanism for their providers to combat volume-driven care delivery,” and also “measure and report quality metrics that are readily accessible to its patients and governing board.”

The Medicaid Quality Committee, noted the announcement, includes medical directors of the managed care organizations (MCO), and seeks to improve and maintain the quality of the state’s Medicaid Program by contributing specialized knowledge and experience to that available within the Medicaid Program. The aim is to provide a two-way channel of communication with the individuals, organizations and institutions in the community that, with the Louisiana Department of Health, receive, provide and/or pay for medical care and services. This is not a policymaking board; the committee’s functions are advisory only, authors noted.

Dr. Crouch Qualifies

continued

under the psychology board for at least five years. This is a requirement added to the law in the 2015 Legislative Session.

Self-nominations will remain open for additional applications until December 12, according to an announcement by the board.

Dr. Crouch is a clinical psychologist and Assistant Professor at Tulane University, Department of Psychiatry & Behavioral Sciences. She earned her doctorate from the University of Denver in 2006 and was licensed in Louisiana in 2010, according to her nomination forms. She is a member of APA Division 42 – Psychologists in Independent Practice, and also APA Division 56 – Trauma Psychology. Dr. Crouch is also a member of the Society of Personality Assessment, and the National Register of Health Service Psychologists.

Dr. Crouch submitted her name in the last election and was approved by the Louisiana Psychological Association to be on the list for the Governor’s appointment.

Psychologist Opportunity

**Busy, multidisciplinary,
fee-for-service, mental health
practice located in the
Garden District of New
Orleans, LA**

is currently seeking
an experienced, licensed
psychologist interested to
provide assessment and
psychotherapy services to
adolescents and adults.

Neuropsychology specialty
skills are encouraged.

Please submit a letter of interest along
with a curriculum vitae
to clasiter@pelts-kirkhart.com

School Psychologists Offer PREPaRE Workshops Training December 3 & 10 in Gonzales

School psychologists Dr. Meagan Medley and Brandon Wilks will present the nationally developed PREPaRE workshop training on December 3 and 10, at the LeBlanc Special Services Center in Gonzales, Louisiana. Medley and Wilks are PREPaRE trainers, certified by the National Association of School Psychologist (NASP), and members of the Louisiana School Psychological Association (LSPA).

“While many school crisis management plans focus on what to do during the crisis, PREPaRE was carefully developed to equally focus on prevention and postvention, as well as including a quality assurance review following an incident,” LSPA President, Amber Boykin, NCSP, explained.

“The five mission areas of PREPaRE include prevention, protection, mitigation, response, and recovery. There is also an equal focus on the physical well-being of those involved in a crisis as well as the emotional well-being, where most school crisis management plans solely focus on the physical well-being in the event,” Boykin said. “With the implementation of ESSA, there will be authorized funding for such trainings within the school district.”

The PREPaRE workshop series cover: “Crisis Prevention and Preparedness: Comprehensive School Safety Planning.” And also, “Crisis Intervention and Recovery: The Roles of School-Based Mental Health Professionals.”

Dr. Medley, an Assistant Professor at Nicholls State University, Department of Psychology, Counseling & Family Studies, told the *Times*, “As a member of a school-based crisis team, I always find it helpful to ensure that all of the team members that may provide services be on the same page about providing services and prioritizing needs,” she said. “When in the midst of a crisis, it's best to have as many of the details ironed out ahead of time as you can.”

“School psychologists often can provide much of the crisis preparation training for staff, students and families,” Dr. Medley explained. “The knowledge base of a school psychologist can help to identify those at-risk for needing more intensive services as well as getting prepped for those services. Conducting needs assessments, helping to write comprehensive school-crisis plans, conducting drills, and evaluating ongoing preparedness are some of the skills that a school psychologist can help with in school preparedness.”

According to NASP, participants in these workshops learn how to prevent and prepare for psychological trauma, to reaffirm both the physical health of members of the school community and students’ perceptions that they are safe and secure, how to evaluate the degree of psychological trauma, respond to the psychological needs of members of the school community. They also learn how to measure the intervention and recovery efforts.

“School Psychologists are highly qualified mental health professionals as defined by ESSA,” Boykin explained, who understand the nuances of the school setting, students,’ and how to create “positive, connected school climates. When students feel supported and connected in their schools, this provides protective factors, increasing their resiliency in the event of a crisis, and may even prevent certain crises from occurring, such as suicide and school violence.”

Wilks and Medley are certified NASP PREPaRE trainers and have extensive experience providing trainings for school staff members, explained Boykin. “They also have field experience which makes their ability to talk about crisis management personal and they are passionate about what they do.”

The PREPaRE Workshops are designed to help for all mental health professionals who provide mental health crisis intervention support including school psychologists, social workers, counselors, nurses, administrators, and other individuals whom the team has identified as appropriate providers of psychological first aid, note the NASP.

Stress Solutions

by Susan Andrews, PhD

Stress Over the Holidays

For many of us the Holidays can be a time of Major Stress. Some dread that time with family that brings back all those childhood issues. Some stress over having to spend so much money that they do not have for the children or for gifts they feel obligated to buy. For others, it is the tug-a-war between obligations and in-laws. Or, should we say, in-laws and out-laws? And, for still others, it is too much eating and drinking. And, too much to do.

How much stress you allow to touch you has everything to do with how conscious you are or can be about what is in your mind. How aware are you of what pushes your buttons? How much can you prepare for avoiding being stressed by in-laws and sis’ jealousy and mom’s critical attitude? Do you have a plan? If you have a plan, will you follow it? Too often we think we can just play it off the cuff. But, when we try to do that, we are often overwhelmed by a concert of things going Not Quite as You Wanted or Expected.

If you are truly aware and conscious, you will be monitoring your mental pulse all the time. What will you do if something gets under your skin? Will you be able to quietly slip out and find a quiet place to regroup, meditate and do some mindful breathing. If you are the Cook or Host and things are not going according to schedule, what can you do to regain mental control? Self-talk about how the season is about love and joy and not how spectacular the turkey is could help.

Even the AARP put out a list of things to do to Reduce Holiday Stress. So, I guess no matter how old you get, little things can still upset you and frazzle you during the holidays.

- AARP suggests you
1. Create a Game Plan,
 2. Make a budget and stick to it,
 3. Accept the reality of guests arriving late and your mother getting on your nerves,
 4. Beware of unhealthy stress relievers, such as drinking or eating too much,
 5. Create new traditions,
 6. Make time for your own health by keeping your sleep schedule and getting regular exercise,
 7. Give yourself a break in the midst of doing things for others; listen to calming music, do some deep breathing or just sit,
 8. Be proactive and think about how to do things differently so you won’t be so stressed out, and
 9. Enjoy! Remember to savor the time with people you love.



Dr. Susan Andrews, Clinical Neuropsychologist, is currently Clinical Assistant Professor, LSU Health Sciences Center, Department of Medicine and Psychiatry, engaged in a Phase III study on HBOT and Persistent PostConcussion Syndrome. In addition to private clinical practice, Dr. Andrews is an award-winning author (Stress Solutions for Pregnant Moms, 2013). She has been named Distinguished Psychologist by the Louisiana Psychological Association.

Researchers from Dr. Buckner’s LSU Lab Present at Association for Behavioral and Cognitive Therapies

Clinical psychology graduate students from the Louisiana State University Anxiety and Addictive Behaviors Laboratory, under the direction of Dr. Julia Buckner, presented research at the 50th Annual Convention of the Association for Behavioral and Cognitive Therapies, held October 27–30 in New York City.

Presenting scientific research were doctoral students Kim Dean, Emily Jeffries, and Austin Lemke, students of Dr. Buckner, LSU Professor and Director of the laboratory.

Ms. Dean presented *Anxiety sensitivity and cannabis use-related problems: the impact of race*. This work was coauthored with A. H. Ecker and Dr. Buckner.

Ms. Jeffries presented *Social anxiety and poor sleep quality: the mediating impact of anticipatory processing*, coauthored with Dr. Buckner.

Mr. Lemke presented *Social anxiety and suicidality: unique and additive mediational roles of perceived burdensomeness and thwarted belongingness*. The work was coauthored with Ms. Jeffries, Sonia Shah and Buckner.

Mr. Lemke presented *Synthetic cannabinoid use among college students*. The work was coauthored with Jeffries, E. Mathews, C., Hsieh, G. Jones, and Buckner.

The *Times* asked Mr. Lemke about his work on anxiety and suicide. “I’m interested in the relationship of social anxiety to suicidality,” he explained. “This poster, titled ‘Social Anxiety and Suicidality: Unique and Additive Mediational Roles of Perceived Burdensomeness and Thwarted Belongingness,’ examined the role that thwarted belongingness and perceived burdensomeness play in the relationship of social anxiety and suicidal ideation.”

According to the Interpersonal-Psychological Theory of Suicide, a theory by Joiner (2005), individuals are vulnerable to wanting to die by suicide in the presence of thwarted belongingness, which is a greater sense of alienation from others, Lemke explained. And also, because of a perceived burdensomeness, a sense that one is a burden to others.

“We tested whether each factor mediated the relation of social anxiety to suicidal ideation. Both thwarted belongingness and perceived burdensomeness mediated the relation of social anxiety to suicidal ideation both independently and additively, even after controlling for other factors such as depression, alcohol problems, and marijuana problems.”

This was the first known test of the additive effect of thwarted belongingness and perceived burdensomeness on social anxiety and suicidal ideation, he noted. “This study highlighted the importance of assessing for suicide risk in individuals with elevated social anxiety and gave support to the Interpersonal-Psychological Theory of Suicide.”

In Ms. Jeffries work, she explored aspects of how social anxiety is related to poorer sleep quality among college students.

“Anticipatory processing is the ruminative cognitive processes individuals engage in prior to social situations,” Jeffries noted. “Our findings suggest that the link between social anxiety and poorer sleep quality is partially accounted for by anticipatory processing. College students with greater social anxiety may engage in anticipatory processing about upcoming social situations [for example, participating in class] while attempting to fall asleep, which may result in poorer sleep quality,” she noted.

In her work, one of the conclusions was that clinicians should assess for sleep quality in those with social anxiety disorder. Also, Cognitive-behavioral techniques that target other maladaptive cognitive processes could reduce anticipatory processing, which could improve sleep quality, Jeffries concluded.

Ms. Jeffries is originally from Cincinnati, Ohio, and received her undergraduate from the University of Cincinnati in 2012. Mr. Lemke is from New Orleans.



LSU doctoral student Emily Jeffries presented her research, *Social anxiety and poor sleep quality: the mediating impact of anticipatory processing*, coauthored with Dr. Buckner at the Association for Behavioral and Cognitive Therapies.



Austin Lemke, LSU doctoral student, also presented his work at the Association for Behavioral and Cognitive Therapies held in New York recently. His research aims to help understand the issues in social anxiety, belongingness, and suicidal ideation.

National News Medicare Finalizes More Rules

The Centers for Medicare & Medicaid finalized the rules for provider payments for 2017 on October 30. Mandatory cuts are made on all providers. The cut is 2 percent in 2016 and will be 2 percent in 2017, according to an announcement from the American Psychological Association (APA). APA officials also noted, “In addition to losses caused by sequestration, Medicare payments to psychologists have declined significantly since 2001 because under the current formula Medicare pays more for higher-cost, technology-driven services with high overhead.”

In another announcement, APA governmental relations officer, Doug Walter, noted that CMS has developed several new codes for the Psychiatric Collaborative Care Model (CoCM) but that psychologists and other behavioral providers cannot bill for these services. They are restricted to physicians in primary care, care managers, and psychiatric consultants.

Psychology and Spirituality, cont'd

which 9/11 occurred; a tragic time in which many faith traditions questioned the existence of the divine and spiritual purpose. The examination of life events and personal perceptions of such is the beginning of our spiritual actualization. Reflecting on the work of Pierce allows us to reexamine our belief systems and the reality, or lack of, the spiritual expressions in our lives.

Spiritual bankruptcy is a common problem faced by many individuals and couples seeking meaning and purpose in their lives. To be able to address this dimension, therapists must first be willing to explore their own spirituality and to define how they express their spirituality in their work settings. Finding one's sacred space entails a willingness to be present to the signs and symbols that encompass their lives and provide meaning and purpose in their own lives. Indeed, spiritual growth requires an active discovery, recovery, and creation of one's sacred space; a process that greatly enhances our work with clients.

Over the door of Carl Jung's office hung a sign that read: Bidden or not bidden, how can God not be present. Spirituality is not to be confused with religion or piety, in its broadest sense, it is a disciplined attempt to transcend and to align ourselves and our environment (work) with something greater than ourselves and to make the world a better place. Is that not the sum and substance of our profession and what we intend to profess as helping professionals? But how is this accomplished? How do therapists transcend and express themselves spiritually? And what questions abound regarding the ethics of all of this?

Surely, we are not to be deprived of our expressions! Gregory Pierce (2001) suggests at least ten disciplines to help us in accomplishing this task. He states the criteria for the disciplines as follows:

- We must be able to practice the discipline in the workplace
- We must be able to practice the discipline without disrupting our work
- We must be able to practice the discipline regularly and consistently
- The discipline must be triggered by some event, task, or situation that occurs in the workplace, and
- We must be able to practice the discipline without anyone in the workplace knowing that we are doing so (pp.29-30).

For the sake of brevity, several disciplines will be emphasized that will make our workplace a

peace-filled environment, inviting to our clients, and good for our own mental and spiritual well-being.

Discipline # 1 Finding Our Sacred Space. Pierce suggests surrounding ourselves with "sacred objects". This can be anything from a piece of traditional religious art to a photo of family and friends, or it can be something completely secular that carries for us a very deep and spiritual meaning. For example, pictures of family, heirlooms, art work, books, etc. There are those who will find awards, plaques, degrees, and other career-orientated recognitions to be useful aids for them to better appreciate the sanctity and purpose of their work. To practice the discipline, we start with one sacred object and each time you notice it, become aware of the deeper spiritual meaning of your work; turn a secular object in your workplace into a sacred object; and move your sacred object around every now and then reflecting on their meaning in your life.

Discipline # 2 Living with Imperfection. Part of the very nature of humanity is our imperfection. It forces us to take a step back and reconsider before we issue a complaint or reprimand. Living with our imperfections gives us perspective in our work (we call our work "practice") not in the sense of making no mistakes or leaving nothing undone, but rather striving for perfection in purity of intention and honesty of effort. It also enhances our understanding, patience, acceptance, and overall expression of grace for our co-workers and clients as they strive to 'perfect the imperfect' as they perceive such in their lives. In practicing this discipline, when you are confronted with your imperfection or that of another, pause and utter a validating thought about yourself or your co-worker.

Discipline # 8 Balancing work, personal, family, church, community responsibilities. Most practitioners juggle many things simultaneously and wonder which ball we will drop. All are important, so how can this balance be accomplished? First by learning the art of saying "No" in the workplace; learn to say "No" at home and; learn to say "No" to our church and community involvement. Saying "No" is sometimes difficult because we hate to disappoint others or have others think ill of us. As we intentionally integrate this discipline into our daily lives, we can think before we say "Yes" to a new responsibility; giving us more confidence in our ability to respond to emerging opportunities. Decide which present responsibility you are willing and able to give up and make a list of the major promises in each of the spheres of your life that



Fotolia

you want to keep and weekly decide what you need to schedule to keep those promises. And then, plan some quality time in one area of responsibility that you have been neglecting.

Discipline # 10 Engaging in ongoing personal and professional development. Ethically, this engagement is expected. But how can therapists transcend this expectation and desire an ongoing development of the self? Taking care of our physical and mental well-being, according to Pierce, can be a spiritual discipline. Maintaining our self-care plan benefits ourselves and those whom we serve. In the process of practicing, we may forget to take time to replenish ourselves and ensure our own personal, spiritual, and psychological well-being. We know that to stay current, we must grow professionally by attending workshops, seminars, conference, and collaborating with colleagues. As we practice this discipline, we will take time to read a professional article, spend time with colleagues at

conferences, revisit our self-care plan and investigate a traditional spirituality. Then we will see how we may apply this discipline in our work life.

The other disciplines are well worth the look and provide many examples as to how we can incorporate them into our every life. Easier said than done? Perhaps, however, in order to manage our lives and stay in control of the controllable, we need to make choices. Spiritual connection, development, and practice are always viable choices and worthy investments for clinicians. With our clients, so desperately in need of change and empowerment, we will then provide a model for them on how to effectively take on the opportunity of spiritual actualization. After all, therapy seeks to aid the client in the actualization of their goals and activation of personal power. Spiritual practice enhances and refines our work with clients, colleagues, and within the helping profession.

Miracles for the Dying

by Marilyn A. Mendoza, PhD

Dr. Marilyn Mendoza is an expert in trauma, bereavement, spiritual and women’s issues. She is Clinical Instructor at Tulane Medical School Dept. of Psychiatry and the author of *We Do Not Die Alone*. She writes a blog for Psychology Today.

People always talk about Christmas miracles. It is a magical, hopeful time of year. Certainly anyone who has a loved one dying during the holidays hopes for a miracle to return their loved one to health. But there are miracles that happen to the dying all year long, yet most of us are unaware of them. These miracles bring peace and comfort to the dying and take away their fear of death. Many people would say these miracles are only a function of the dying brain, delirium or some other neurochemical byproduct. However, these miracles have a mysterious, holy and spiritual quality to them, suggesting that there is something more going on than can be explained by changes in bodily function. These miracles are produced by the dreams and deathbed visions of the dying.

Until recently these experiences have not been viewed as medically relevant and were easily dismissed and ignored. If attention were paid to them, it was usually as a sign that the patient needed to be medicated. However, research published in the *Journal of Palliative Care* found that these end of life experiences are emotionally and spiritually significant to the dying and those around them. A disservice is done to the dying and ourselves by not allowing the patients to talk about what is happening to them. The research demonstrates that these experiences “evoke peacefulness, comfort, a sense of wonder and awe as well as reconciling past events and accepting death.” These dreams and visions are quite different from hallucinations or delirium as they are not frightening or anxiety producing. They are described as



Fotolia

“feeling very real” and are more memorable when compared to ordinary dreams. The majority of these dreams and visions involve reunions with long deceased loved ones or with spiritual figures. Whether awake or asleep, these experiences bring the same soothing and comforting messages: “I love you,” “I’ve come to take you home,” “Everything will be all right,” “I’ve come to show you the way.”

The most frequently appearing figures are mothers and angels. When loved ones appear in dreams and visions, they appear as whole again, younger and in good health. Patients are always changed by these dreams. Some who were experiencing anger and agitation become more peaceful. Others begin to smile and start to comfort their loved ones by telling them they will be all right because someone is coming to take them home.

“A 90 y/o woman had been speaking to dead

family members for hours. But then her manner changed and she started talking about the angels made of bright lights filling her room. Then she took a final breath, smiled and died.”

It is unfortunate that many on their deathbed are reluctant to talk about these experiences for fear of being ridiculed and not believed. Unfortunately, the topic of death continues to be an area of fear and avoidance. As more information about the dying process becomes available, dying will not be such a lonely experience and asking about deathbed visions and dreams will be just as commonplace as checking vital signs. There comes a time when there is nothing left to do physically for the terminally ill. However, we as professionals can and should use this time to address their emotional and spiritual needs. This becomes a sacred time where we as therapists can help the patients and their families in their final transition.

Thinking Big: The Evolutionary Origins of Spirituality

by Matt Rossano, PhD

Dr. Rossano is past Chair, Department of Psychology at Southeastern Louisiana University in Hammond. He is an expert in evolutionary psychology, and author, including *Evolutionary Psychology: The Science of Human Behavior and Evolution*, and *Supernatural Selection: How Religion Evolved*.

Why be spiritual? For an evolutionist, the *why* question always raises issues of ancestral origins and potential adaptive significance. Why did spirituality arise in our ancestors and did it serve some adaptive function? First, one must define terms. Researchers often define spirituality as a sense of meaning resulting from an experience of “losing” the self in “something larger.” Frequently the “something larger” has religious significance; but art, music, natural beauty, and even scientific discovery can prompt spiritual experiences. What seems more important is that the experience is inspirational. It transcends and uplifts us – often motivating us to strive for the betterment of ourselves and our world. So why would our ancestors have started to think this way? Was there any advantage to it?

About 100 miles east of Moscow are the famous Sungir Upper Paleolithic burials. Three bodies were lavishly interred there, bedecked head to toe with necklaces, head bands, waist and arm bands laced through with thousands of carefully crafted beads. Grave goods, such as tools and finely fashioned (and purely decorative) ivory hunting weapons were also buried with the bodies. It has been estimated nearly 10,000 person-hours of labor went into this elaborate funeral. Among existing traditional societies, such a send-off is usually indicative of ancestor worship.

Ancestor worship is ubiquitous among traditional societies and Sungir suggests that its evolutionary roots reach back nearly 30,000 years. It assumes that the “something larger” is the tribal community itself, which includes not just the earthly, but the timeless preceding generations now watching from above. Living tribe members understand themselves as players in an ongoing cultural saga whose past is known through myths revealed in fire-side dances and whose future depends on fidelity to traditions and practices passed down to them from their elders.

Sungir gives us an idea of *when* our ancestors starting thinking spiritually. But why do so? It is notable that nothing comparable to Sungir has been found among any of our hominin cousins. The few possibly intentional burials present among non-sapiens (Neanderthals, for example) are barren of any convincing signs of ritual or afterlife belief. The same is true for cave art. The magnificent murals of Lascaux, Altamira, and Chauvet are exclusively *Homo sapiens*. Neanderthals rarely ventured into caves and when they did, they left behind no art.

The best explanation we have for this exclusivity is that our ancestors were trying to construct larger, more complex social networks – possibly in response to competition from other hominins such as Neanderthals. To do this, they had to envision an even larger social order. One that both encompassed and transcended the earthly tribes themselves. They had to think big – spiritually big. But thinking wasn’t enough. They had to *feel* that ‘bigness.’ They had to fire a passionate commitment to that community. They had lose themselves in it. Their art and rituals were strategies for making that spiritual community ‘real’ in an emotionally compelling way. Having inherited these same sentiments, an opportunity arises. Spirituality is ever-hopeful. If we can agree that we are part of something larger, then maybe we can set aside our differences and work together for a common good.

Healthcare: Do We Get Only What They Will Pay For?

The election of Donald Trump brings with it his campaign promise to “repeal and replace Obamacare.” The changes look eminent with the appointment of Tom Price last week. But will the new efforts be any closer to solving the real problems?

Last month, the Centers for Medicare and Medicaid Services (CMS) released their latest rule for 2017 Medicare physician fee schedule. As usual, psychologists and behavioral health providers were excluded from the new codes for “Behavioral Health Integration” in the Psychiatric Collaborative Care Model.

But health relates to a complex set of social and psychological behaviors, not a single cause.

“Socioeconomic status is one of the most powerful predictors of all cause mortality,” says Dr. Chris Leonhard, Department Chair, Chicago Professional School at Xavier, and health psychologist.

“New Orleans is a startling example of this,” Leonhard said. “Life expectancy at birth in the Tremé where the average household income in 2010 was about \$26,000 is 55 years, while in Lakeview, the average 2010 household income \$75,000, and life expectancy at birth is 80 years. Some of this disparity relates to difficulties in accessing health care services, but behavioral health factors also figure prominently. Heart disease, stroke, diabetes, accidents, HIV disease, and homicide, to name just a few mortality factors where disparities exist, are all well known to respond favorably to behavioral health intervention and prevention.”

Medicaid in Louisiana, with its 326,000 new enrollees, now comes to just over 1,500,000 statewide. Last month the Louisiana Department of Health asked for ideas to help with what many consider the massive health challenges facing the state. But are needed innovations likely in this type of system?

U.S. Ranks 50th in the World; Louisiana Ranks 50th in the U.S.

Bloomberg reported in September that the United States ranks 50th out of 55 countries in a measure of life expectancy and high medical care spending, dubbing the U.S. the “least-efficient” health-care system in the world.

Medical care is the largest industry in the country, accounting for almost \$3 trillion in sales in 2015, according to

the National Health Expenditure Data from CMS. At the same time, life expectancy in the U.S. is only 78.9 years, falling behind all other nations except for those like Jordan, Colombia, and Russia, said *Bloomberg*.

In a comparison of age-adjusted deaths from all causes, the World Health Organization (WHO) ranks the United States last in similar countries.

At the same time, Louisiana ranks 50 of all the states, according to the Louisiana Department of Health and the 2015 Report from America’s Health Rankings.

Louisiana ranked 50th in health behaviors, 50th in clinical care, and 50th in outcomes, measures that included factors such as low birth weight, infectious disease, premature deaths, obesity, smoking, preventable hospitalizations, infant mortality, cardiovascular deaths, and other variables.

And medical care continues to rise, with an increase in 2015 of 4.6 percent, faster than in previous years.

Behavior, Not Medicine, Correlates with Health Outcomes

“*Health* is a misnomer, because most activity involves illness. *Health care* and *medical care* are not synonymous,” said authors of “The Anatomy of Health Care in the United States” (November 2013, *JAMA*).

“*Prevention* requires tools that are often unfamiliar because educational, behavioral, and social interventions, not usually considered to be part of medicine, may be most effective for many diseases,” the authors wrote.

While medical costs are driven by chronic disease, it is not due to an aging population, an often cited cause. The *JAMA* authors show that 67 percent of those with chronic illnesses are younger than 65, and when trauma is included, about 80 percent of the total health care cost is accounted for by those under 65.

The CDC estimates that three lifestyle factors—poor diet, inactivity, and smoking—account for 80 percent of heart disease and stroke, 80 percent of type 2 diabetes, and 40 percent of cancer.

“Behavioral intervention is the foundation for lifestyle medicine,” writes Dr. John Caccavale, author of *Medical Psychology Practice and Policy Perspectives*.

“Of the top four classes of medical problems in America – metabolic disorders, respiratory disease, cardiovascular disease, and a mental disorders – physicians will have great difficulty demonstrating that they are improving patient health by utilizing medications as a first-line treatment for these classes of disorders,” writes Caccavale.

That behavior is the key has been well known by psychological scientists for decades. In an interview with primary care psychologist Dr. Michele Larzelere, she said there is scientific agreement for a 30 to 60 percent reduction in medical use with integrated behavioral health services.

And, unlike behavioral care, medical care has a risk, one that often goes unrecognized. A study by Martin Makary, MD, professor of surgery at Johns Hopkins, found that medical error, unrelated to the illness or injury, is the third cause of death nationwide.

Dr. Caccavale wrote that the cost for adverse drug reactions in 2001 was \$72 billion to \$172 billion while the cost for the drugs was \$132 billion. “Actually, it’s now worse,” Caccavale told the *Times* recently, “The incidence of hospitalizations from adverse events has risen substantially because of the growing use of medications in all categories.”

Medicine Guarding the Henhouse?

In the early stages of ACA, psychology and other groups were unable to gain a place at the table. California Attorney David Ries of Human Capital Specialists tried to persuade federal Rule makers to include psychologists in the bonus plan for Accountable Care Organizations (ACOs) but failed.

“The broad recognition of the importance of behavioral health to overall wellness indicates that ACOs are unlikely to achieve their treatment objectives under the clinical model proposed by the proposed rules,” he said.


One solution that the medical industry has put forth is to engage more primary care physicians to help lower costs, provide prevention, and handle the motivational and psychological aspects of those with chronic illnesses.

Dr. David Carmouche, past Chief Medical Director at Blue Cross Blue Shield of Louisiana explained that they wanted to build primary care back into programs. “Our strategy is to engage providers in communication so that patients develop a trusted relationship with a primary care provider,” Carmouche told the *Times*.

Cont’d next pg

STRESS MANAGEMENT STRATEGIES FOR WOMEN LIVING WITH MS:



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Healthcare: Do We Get Only What They Will Pay For? cont'd

Last month, in a request for information from the Louisiana Department of Health (LDH), the secretary wrote, “Primary care must be the main focus of ACO care delivery. This ensures maximum impact of care at the patient level.”

It is true that more primary care is better. In a special issue of the *American Psychologist* on Primary Care and Psychology, Dr. Susan McDaniel and primary care leader Dr. Frank deGruy reviewed evidence that for each primary care physician added to a social system, “all-cause mortality decreases by 5.3 percent.” Conversely, for every specialist added the mortality rate goes up 2 percent.

But shortages of primary care are serious, due to low pay relative to the specialty physicians, according to data collected by the Robert Graham Center for Policy Studies in Family Medicine and Primary Care.

If Louisiana is to break out of the high price, poor health outcomes box, and innovate its public health program, it will need service providers with the right skill sets.

In documents obtained from the state Medicaid system, providers totaled 23,600 physicians and 479 participating hospitals. Of the total physicians, approximately 7,000 were in primary care.

However, across the three regions of the state there are only 97 psychologists listed as providers and only 245 social workers listed as providing services. There was one marriage and family counselor listed, and no licensed counselors. How did it come to this?

Controlling Services and Prices: CPT and RUC

At a 2015 meeting of the Louisiana Psychological Association, Dr. Tony Puente, now president-elect of APA, spoke about “CPT” codes, a system steeped in politics. “Essentially the CPT tries to divvy it up in a way that is theoretically and empirically, and diplomatically and politically, correct.” Dr. Puente said.

CPT stands for “Current Procedural Terminology” and is a set of descriptions for medical services. CPT is owned by the Center for Medicare and Medicaid Services (CMS), leased to American Medical Association (AMA). AMA then

copyrights it and strictly controls both the development of new codes and what is paid for by third parties.

Three hundred “Advisors and Experts,” primarily from the AMA House of Delegates, representing 109 medical specialties, formed into teams, and lobby an “Editorial Panel.” The Panel includes 11 physicians from the medical societies, two representatives from insurance (Blue Cross Blue Shield and America’s Health Insurance Plans) and someone from CMS. Then there are two non-physicians and no consumers.

Deliberations are held in secret meetings, closed to the press and public. Participants must sign a strict AMA confidentiality agreement, “I will not disclose, distribute or publish Confidential Information to any party in any manner whatsoever.”

The panel decides what is to be paid for in medical services, and the “RUC” decides how much.

Another element of this behind-the-scenes system is the a panel known as “AMA/ Specialty Relative Value Scale Update Committee,” or “RUC.” There are 28 voting members on RUC, representing medicine specialties such as anesthesiology, cardiology, neurology, neurosurgery, obstetrics, oncology, psychiatry, and so on. This group decides how much each service is worth, and how much is to be paid.

Maintaining the Status Quo: Lobbying in Washington DC and Louisiana

Considering the poor outcomes of the medical care system, how is the status quo maintained? Data from Center for Responsive Politics, based on the Senate Office of Public Records, and obtained from *OpenSecrets.org* lists the top special interests that lobby congress. Among the 2016 top spenders for lobbying services in Congress are Blue Cross/Blue Shield (3rd), American Hospital Association (4th) the American Medical Association (5th), and the Pharmaceutical Industry (6th).

Over the time from 1998 to 2016, the pharmaceutical industry has spent nearly \$3.5 billion in lobbying and contributions.

In Louisiana, special interests lobbyists reported \$2.9 million spent over the last six years, but lobbyists expense reports do not require naming individual recipients, writes *Times-Picayune* investigative reporter Ben Myers. So, it is not easy to see who is being influenced by whom. A full

79 percent of contributions is not traceable to beneficiaries, reported Myers. The connections can be invisible.

Representative Norton’s Effort Mysteriously Bites the Dust

During the Louisiana 2016 Regular Legislative Session Representative Barbara Norton from Shreveport put forth a measure, House Bill 1164, to create a task force to study the delivery of integrated physical and behavioral health services for Medicaid enrollees who suffer with serious mental illness.

Norton brought together an array of associations and state agencies from across disciplines and from across the state to look at ways to improve the care offered by Medicaid.

Representative Norton told the *Times*, “This was an opportunity to pull so many people together, at no cost. I met with many of these people who felt as I did, that this would be a great piece of legislation, that they want to help the state of Louisiana and health, and make a real difference.”

Included in the study group would be the Louisiana School Counselor Association, the Louisiana Counseling Association, the Louisiana Psychological Association, the Louisiana Association of Marriage and Family Therapy, the Louisiana Association

of Clinical Social Workers, the state boards for counselors and psychologists, the Mental Health Association of Louisiana, the Louisiana Substance Abuse Counselors, the Louisiana Hospital Association, the Louisiana State Medical Society, and others.

Norton said that the state’s secretary for health, Dr. Rebekah Gee, “was excited about it,” and so were the committee members. The measure passed out of the committee unanimously.

While the bill passed committee with a 10 to 0 favorable vote, things changed on the floor of the House. It failed with 51 nays and 33 yeas. Five of those who had supported it in committee, for some reason, switched their votes on the House Floor. Twenty representatives did not vote, and many of those were present, said Norton.

Norton said that the argument on the floor was that the government would be too involved, but it was unclear how that would impact a study group of this nature.

“Prevention was our goal. We all talked about it. It’s not many times that you see this number of people, agencies, that want to come together, at no cost, to try and make things better.”

Representative Norton will be reintroducing a similar bill in 2017, she explained to the *Times*. “I don’t give up easily,” she said.

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Governor Edwards Speaks At the Louisiana School Psychological Association

Governor John Bel Edwards spoke at the Louisiana School Psychological Association’s Awards Luncheon, November 3, at the group’s Annual Conference held in early November, at the Double Tree Hilton in Lafayette.

Keever Hoffmann, LSPA President-Elect, said that Governor Edwards is noted to be a strong supporter of strengthening “student learning and preparedness at every educational level”.

Hoffmann also noted that the vast majority of school psychologists in the state of Louisiana work in K – 12 public schools. School psychologists provide direct support and interventions to students, including consulting with teachers, families, and other school-employed mental health professionals to improve support strategies; work with school administrators to improve school-wide practices and policies; and collaborate with community providers to coordinate needed services.

At this year’s conference, the Louisiana School Psychological Association hosted an estimated 200 attendees.

Dr. Addison Sandel Celebrates 90th BD

Dr. Addie Sandel recently celebrated her 90th birthday, when her sister organized a surprise celebration. “She set me up for a surprise party with all my relatives, cousins with spouses, and children from far and near,” said Addie. “Some flew, some drove, and some walked, but they all gathered at the flower and balloon bedecked community center in Florien.”

Addie’s sons took her out to dinner as a ruse, and lured her into the community center, she said. Her family and friends displayed hundreds of pictures of her, from birth to old age, she explained, including “a happy birthday banner with my young face and my old face printed on canvas that went half way across the room,” she said.

Dr. Sandel’s life and career activities were showcased in a special feature in the December 2015 issue of the *Times*.



Members of the Louisiana School Psychological Association with the Governor. (L to R) Keever Hoffmann (President-Elect), Julie Pickle, Governor Edwards, Dr. Chavez Phelps, Amber Boykin (President), Dr. George Hebert (NASP Delegate), and Jennifer Coco. *(Photo by Sam Tingle, LSPA Photographer)*

Tulane’s Dr. O’Brien Helps Tween Girls

Dr. Laurie O’Brien, associate professor of psychology at Tulane University, contributed to an event held for middle school girls for encouraging them to connect with science and math. The event was part of the “Girls in STEM” (GiST) program at Tulane, which provides such workshops as “Creative Computation,” “The Science of Bread,” and “Tissue Engineering.”

The program was created by Donata Henry, a professor of practice in ecology and evolutionary biology at Tulane.

As reported by *Tulane News*, the event allowed Dr. O’Brien to apply her research and understanding about girls and female role models that may help to reverse the trend that causes girls to avoid the STEM careers.

O’Brien told *Tulane News*, “We believe that the results of our study suggest that science outreach programs for girls such as GiST may help to make girls feel like they belong in science.”

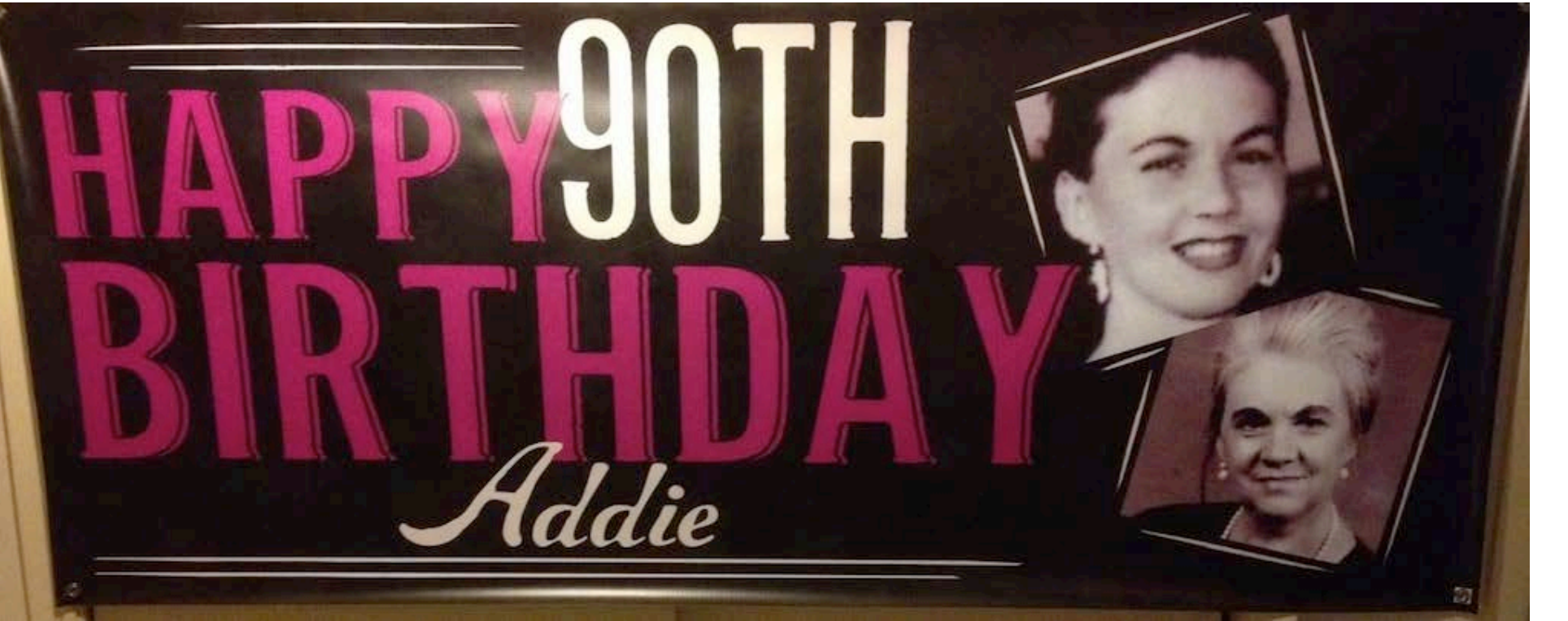
Racing Trivia “Kim’s Whim”

The *Times* discovered that Dr. Kim VanGeffen’s grandparents owned racehorses and named them after the grandchildren. She had a horse named after her—Kim’s Whim.

“... back in those days,” Dr. VanGeffen explained, “you had to submit three names to the Louisiana Racing Commission and they selected the name for the horse--that's why the governor's appointment to the Racing Commission is so important--can't let those poor horses go without names!”

“My grandparents also had a Paulette's Pet, named after my cousin, and a Shell's Bells, named after my sister, Shelley. I don't know if the Racing Commission still gets to pick the name, however.”

Kim’s Whim did quite well for a while. “There was a plan to enter Kim's Whim in the junior Kentucky Derby but there were problems with the trainer so, alas, it did not come to pass!” Dr. VanGeffen rescued Kim's Whim's horse blanket from her house after Katrina but unfortunately lost the photo of her and the horse.



Dr. Addison Sandel was recently treated to a surprise birthday celebration by her family and friends, which included a banner that stretched across the room (above). “Addie” served as a “Government Girl” during WWII and became a military wife, and then earned her doctorate in psychology, focusing on the assessment of underachieving gifted. Some of her many interesting life experiences were reported on in the *Times*, December 2015.



Who Recommends
What?

Judith Steward, PhD
Psychologist, Past President of the
Florida Psychological Association

Being Mortal
by Atul Gawande

Everything has changed. Our population is one of the things that has changed the most. We have more and more aging, ailing, dying people. Since this process is part of all our lives I am surprised how little discussion is engendered by it. Atul Gawande, a surgeon, addresses these issues with great sympathy and caring for the people going through it.

He writes well about the history society and medical practice have in caring for the old, ill and dying. He concludes that today “the issue of living a long life with its downhill segments is an embarrassment for everyone and regarded as a weakness rather than the new normal. Since we do not want to look at the realities of aging, we are not availing ourselves of “the opportunities that exist to change the individual experience of aging for the better.”

He really runs with the questions of how to help improve people’s end of life experiences. He does it through detailed case histories where he, and the patient are trying to figure out what the patients’ priorities are and what life decisions follow. He talks about a nursing home with a wonderful solution to improve the lives of their patients. His discussions about Hospice were really enlightening to me.

The last chapter is about the death of his father, also a surgeon. It is incredibly clear and revealing. I would summarize with a quote. “We’ve been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really, it is larger than that. It is to enable wellbeing. And well-being is about the reasons one wishes to be alive.

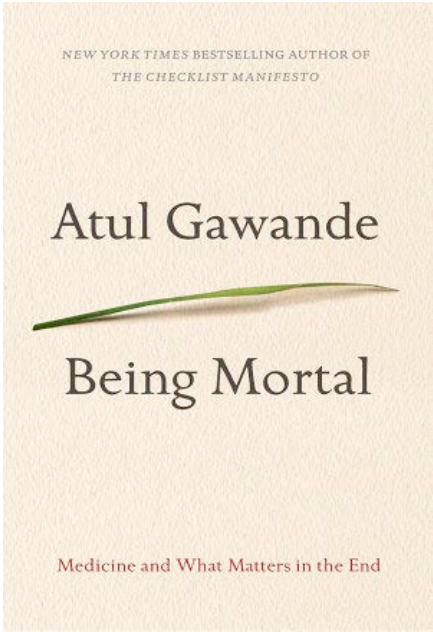
IN TRUTH, THIS BOOK IS ALL ABOUT PSYCHOLOGY and Guwande is a wonderful Psychologist.

Randall Lemoine, PhD
Psychologist, Private Practice, Baton Rouge

No Drama Discipline
by Daniel J. Siegel
and Tina Payne Bryson.

The catchy title of this book sounds too good to be true, especially over the holidays! How can discipline, especially discipline with toddlers and teenagers, ever be without DRAMA? Well, a hint of an answer can be found in the intriguing subtitle of the book: “The Whole-Brain Way to Calm the Chaos and Nurture Your Child’s Developing Mind.”

Dr. Daniel Siegel, a well-published neuro-psychiatrist (the Mindsight Institute), and Dr. Tina Payne Bryson, a practicing child/ adolescent psychologist, have teamed up to accomplish a remarkable integration of current knowledge in neuroscience, attachment theory and effective parenting strategies. They have created a practical discipline system that is “both high on relationship and low on drama,” and that encourages “cooperation while building the child’s brain.” Their “brain-based discipline” approach shows how our contemporary understanding of brain-behavior relationships can inform us how children learn to behave (and misbehave) and how parents influence their child’s behavioral and brain development by how they respond to misbehavior during daily disciplinary encounters. It is a decidedly positive discipline approach which shuns traditional “punishment and control” discipline approaches as not only ineffective but as also perpetuating stress and conflict (aka drama!) in the parent-child relationship. Instead of the



traditional “fear-based” discipline that engages the lower brain’s “fight-flight-freeze” response, *No Drama Discipline* is competency- and skill-based, engaging the brain’s frontal lobes, the seat of the child’s self-regulation and self-discipline! For example, a core teaching of this pro-active approach is the mantra to first “connect, then redirect;” that is, to first calmly help the misbehaving child to feel heard and accepted (“feel felt”) before delivering a consequence, and, then, instead of reacting with a negative consequence engaging the child in a collaborative problem-solving dialogue. This strategy is similar to that taught by Dr. Ross Greene (*Lives in the Balance*) for addressing childhood defiance. The book is complete with candid stories from the authors’ own lives and practice experiences and many cartoon illustrations that bring their recommended discipline strategies to life. A good holiday read indeed! I have enjoyed it so much that I have actually now read it twice! The book is now available in paperback, and workbooks and workshop DVDs are also available. Check it out and maybe also share some “peace on earth” with a parent, friend or a colleague!

Greg Gormanous, PhD
Psychologist, Previously Chair
Psychology at LSU, Alexandria;
Psychology of Film & Music

I’ve Been Out There
by Grady Gaines with Rod Evans

This is a light read comprised of memories, pictures, historical inserts & stories by Gaines & his band mates, producers, family members & other pioneers in the 1950’s emergence of Rock ‘n’ Roll.

A 60+ year life-span psychology journey in music: from listening to his paternal grandfather & father

play on their porch, to a session musician for Duke/Peacock label, to world tours as bandleader for Little Richard (and three Hollywood movies), Sam Cooke, & Jackie Wilson (and 20 other performers inducted in the Rock and Roll Hall of Fame), to the King of the Saxophone for New Orleans’ Blacktop Records.

As the quintessential Sideman & Saxman extraordinaire, Grady Gaines at 82 is still pulverizing crowds with his honking sax.

And Kahlil Gibran’s The Prophet.

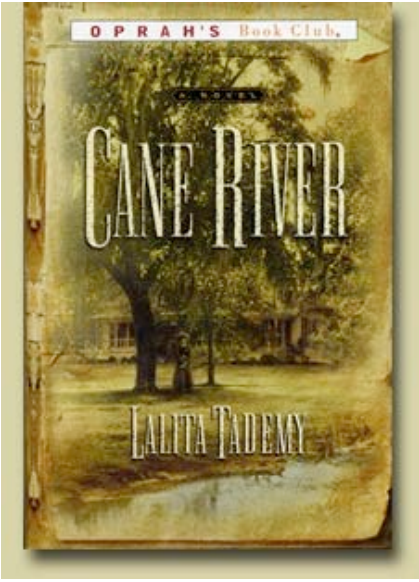
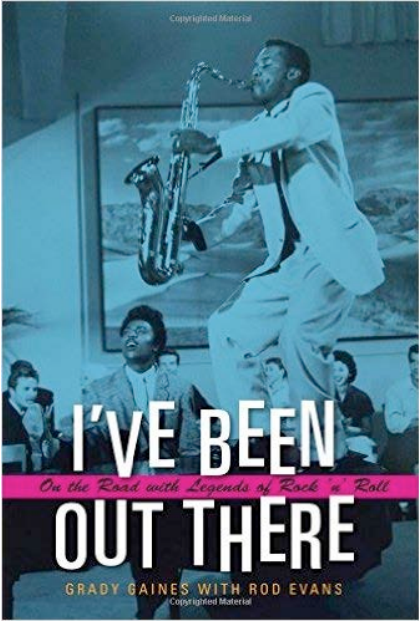
Written/directed by Roger Allers. Produced by Salma Hayek, Participant Media & others.

One of the most impactful films of the psychology of peace, love, & inclusiveness. This animation of Gibran’s *The Prophet* by the director of *The Lion King* features Liam Neeson, Salma Hayek, and the cello of Yo-Yo Ma. Capturing the message of B. B. King’s song *Peace to the World*, this DVD is both entertaining & instructive, given world tumult today.

Addison Sandel, PhD
Psychologist, Natchitoches
Previously, Emeritus psychologist &
Board of National Association for
Gifted Children

Cane River
by Lalita Tademy

Cane River is a novel garnered from stories Tademy gleaned during her research of over 100 years and five generations of her maternal ancestors. She walked away from a high-powered job as vice-president at Sun Microsystems in California to spend several years conducting multiple interviews and to search obsessively through dusty documents and archives for her material. The result is a gripping story of four strong women of succeeding generations, through slavery and beyond. The story relates the struggles of these four remarkable women through the extraordinary hardships of slavery and their relationships with the white fathers of their children, which sometimes included forbidden and dangerous love. Tademy tells a story of the institution of





slavery which was practiced in the Louisiana of her ancestors, a story rarely told, but of value in understanding the inconsistencies of the institution. As Tademy presents the story, one becomes aware that slavery, as practiced by the French in this part of the Deep South, appears somewhat more benevolent than is usually portrayed in stories of this era of American history. *Cane River*, in addition to a compelling story of one family through five generations, provides the reader with information that is missing from most grim slavery narratives without, in any way, stinting on relating the evils of the institution.

Billy Seay, PhD
Retired Comparative Psychologist
Retired LSU Dean

***Katherine of Aragon,
The True Queen*** by Alison Weir

This novel is a sympathetic presentation of Henry VIII 's first wife. She is shown as a dignified and loving wife who is treated very poorly. The novel also gives an account of her daughter Mary's early life that may help the reader understand Mary's later behavior. This is the first of a proposed series of novels based on the wives of Henry VIII. It is difficult to see how the author can

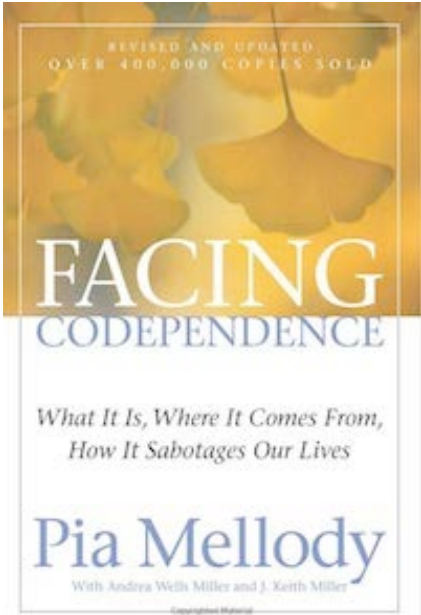


give a positive presentation of Ann Bolen after the way she is described in this volume. This is a good read for anyone interested in this period of English History

Molly Govener, PhD, LPC, LMFT
Private Practice, Monroe

Facing Codependence
by Pia Mellody

Facing Codependence; What it is, Where it Comes From, How it Sabotages our Lives, by Pia Mellody has probably been my most recommended book to clients in 2016. Ms. Mellody formulates her ideas from her experiences working in The Meadows, a treatment center for addictions, as well as her personal life.



I have formerly recommended the book *Codependent No More* by Melody Beattie for attachment and addiction issues, but have found that it doesn't resonate with all clients. Facing Codependence has been just the opposite.

Ms. Mellody's simple, straightforward presentation of the material in laymen's terms allows for a deeper understanding of the issues, and thus, opportunity for increased self-awareness and relational change for clients. The author describes concepts such as external and internal boundaries, self- esteem vs. other esteem, and nurturing parenting styles vs. abusive parenting styles that may result in codependent behavior in adulthood. At the center of the author's theories is her "observation that abusive parenting creates a painful sense of shame, inadequacy, or superiority in children, which, if left unacknowledged and untreated, results in the prolongation of these wounds into adulthood and the possibility of unwitting repetition of the abuse in parenting the next generation."

I would take some issue with the author's use of the term "abuse," as she does use it rather loosely, labeling any "less than nurturing" or "non-normative" parenting style as "abusive." I would think using a term like "violating another's personhood" or "violating of another's boundary systems," would be more appropriate. Another critique I have would be the lack of consideration of cultural and socioeconomic differences that would naturally affect what is considered "normative" or healthy boundaries (both internal and external) as well as what

would be considered "abusive" or "non-nurturing" parenting styles as the author describes them.

However, if read from our Western-world perspective with its norms/ideologies, and read critically (as all self-help books should be), I believe this book can be immensely helpful to providing a frame of reference for clients dealing with the issue of codependence.

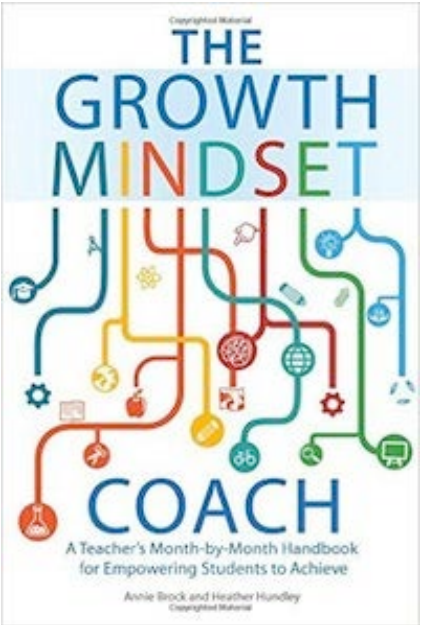
Amber Boykin, NCSP
President, Louisiana
School Psychological Association

***The Growth Mindset
Coach***

by Annie Brock and
Heather Hundley

This recently released book is a month-by-month guide for working with children to help them in learning the concept of growth mindset. It includes lesson plans for teaching the concepts of brain plasticity, being a valued member of a learning community, loving

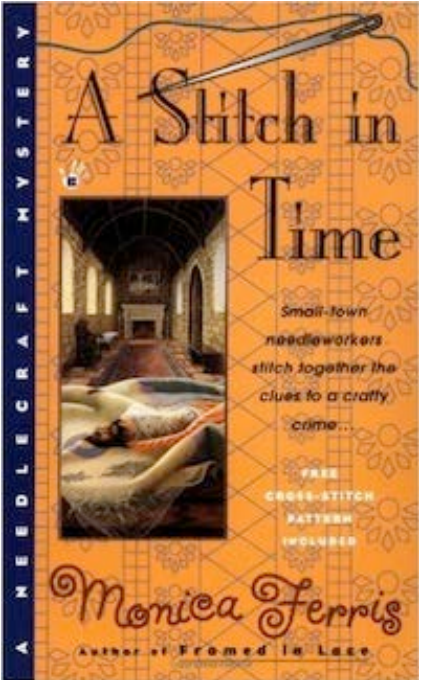
the challenges, accepting feedback as a gift, developing goals and plans to achieve them, thinking of mistakes as learning opportunities, and the power of yet. In teaching the power of "yet", students learn to reframe their negative thinking by changing "I can't" statements into "I can not do it yet" which implies that growth is possible. "The Growth Mindset Coach" also gives the research behind why building positive relationships and fostering growth oriented learning communities are instrumental in educational success. Although this book is geared towards educators and professionals in the educational setting, it is a great read with useful activities for anyone working with the school age population, most especially those with low confidence or a negative outlook on their future.



Kim E. VanGeffen, PhD
Neuropsychologist, New Orleans
LPA Director and Past President
2015 Distinguished Psychologist

A Stitch in Time
by Monica Ferris

Now that most of my Christmas decorating is done, I am ready to start reading my Christmas Cozy Mystery. For those who don't know, Cozy Mysteries are a genre of mystery which are typically in quaint settings and which feature an amateur sleuth who is usually female. The books are often written in a series and are fun to read rather than suspenseful.



Having grown up reading the *Nancy Drew* mystery series, I enjoy reading Cozy Mysteries. I am starting to read *A Stitch in Time* by Monica Ferris. This book is the third in a series of books which are set in a needlework shop. The characters are the owner of the shop and her employees and customers who often help solve the mystery. This particular story has a Christmas theme and involves the restoration of an old tapestry which was found in a church. When the shop owner agrees to help with the restoration, she has no idea what she is really getting into. This series often includes some type of needlework project as a part of the book. Also on my list is *A Holiday Yarn: A Seaside Knitters Mystery* by Sally Goldenbaum. This series features a group of knitters and also includes a knitting pattern.

These series of books appeal both to my enjoyment of reading and of crafting. So now, I will have to alternate between reading my Christmas Cozy Mystery and knitting the baby blanket I am making for a new grand niece who is expected in February.

A Shrink at the Flicks

Moonlight: ***A Love Story*** by Alvin G. Burstein



In a way, this is a story about growing up, changing. In other ways it is a story about what doesn't change. It accomplishes its ends by involving us in the life of Chiron, a youngster growing up in a black Miami ghetto.

The story opens by reminding us of the terror potential in being a child without a buffering adult presence. Chiron is fatherless, his mother a drug addict empty of mothering resources. We watch Chiron running pursued by a horde of tormentors. Bereft of a safe haven, he finds shelter in an abandoned building that his pursuers pelt with shouts and rocks while he cowers, flinching in fear. He is discovered by Juan, a drug dealer who becomes his father figure. Introducing a metaphor that will be re-evoked as the movie ends, Juan buys Chiron a meal, which the boy slowly finds the courage to enjoy. Juan then takes Chiron to his girlfriend's home where the little boy is fed again, while the two grown-ups smile at his appetite. Being fed represents being loved and cared for, crucial psychological nourishment.

Days or weeks later, back in school, Chiron finds a buddy in Kevin, who tells him that the others victimize him because he appears weak. The two youngsters engage in a playful fight that Kevin initiates in an effort to bolster Chiron's self-esteem.

In parallel, Juan continues to seek out Chiron, taking him to the beach and teaching him to swim. As they sit on the beach together, Juan tells the boy about his own childhood and about the importance of carving out one's own path in the world. Juan is also the dealer who sells Chiron's mother her drugs; when

she and Juan argue about her not caring properly for Chiron, she angrily implies that the boy is victimized because he is a faggot.

The story jumps to Chiron's teen years. Juan has disappeared, but his girlfriend continues to be a second mother to Chiron, providing him with food and at times, safety. The boy continues to be bullied by classmates, who mock his relationships with his two "mothers," and threaten to beat him up if he persists in his weak protests. Later, during a moonlit night, Chiron visits the beach and is joined by Kevin. In the semi-dark, eased by shared marijuana, the two shyly explore each other's hopes for the future, becoming increasingly psychologically and physically intimate.

At school, Kevin is pressured by one of his classmates, Terrel, a bully and trouble maker, to play a game of "Knock Down, Stay Down." Terrel selects Chiron as Kevin's target. After repeated blows to his face, Chiron is unable to get up, and is kicked and derided by the mob. The next day, Chiron returns to class, grabs up a chair and uses it to smash Terrel into bloody unconsciousness.

Chiron winds up in jail.

Ten years later we meet Chiron again, now living in Atlanta. He has used his jail time to build himself into a physically powerful man and has become a successful drug dealer, an emotionally driven identification with Juan.

Chiron gets an unexpected phone call from Kevin, who apologizes for the past. Kevin tells him that he has become a cook, and invites him to come to his Miami diner for a meal. Chiron accepts the invitation. After the meal, Kevin invites Chiron to spend the night with him. They begin to reflect on their past, and Chiron tells him that he has never let another man touch him. The scene fades out with Kevin tenderly cradling Chiron's head against his shoulder.

Chiron has grown up. He is no longer a frightened victim. His growing up highlights the possibility of finding good psychological objects in a barren environment. It also reveals an on-going need for empathic others.

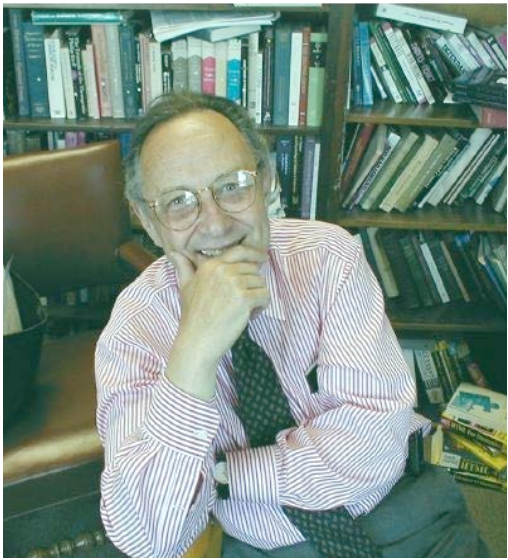
That doesn't change.

What drives the story is its pressure on our empathic boundaries. Our coming to accept that, in the world Chiron inhabits, he has not just survived physically but has succeeded in finding a way to love and be loved.

Guest Columnist, Dr. Alvin Burstein

Burstein, a psychologist and psychoanalyst, is a professor emeritus at the University of Tennessee and a former faculty member of the New Orleans-Birmingham Psychoanalytic Center with numerous scholarly works to his credit. He is also a member of Inklings, a Mandeville critique group that meets weekly to review its members' imaginative writings.

Burstein has published flash fiction and autobiographical pieces in e-zines; *The Owl*, his first novelette, is available at Amazon. He is, in addition to being a movie fan, a committed Francophile, unsurprisingly a lover of fine cheese and wine, and an unrepentant cruciverbalist.



courtesy photo

Up-Coming Events

Fetal Alcohol Spectrum Disorder Training to be Held February in N.O.

A combination of sponsors including the Human Development Center, Tulane University Law School, the Advocacy Center, and the National Disability Rights Network, will come together to support nationally recognized experts and continuing education on the topics of Fetal Alcohol Spectrum Disorders (FASD). The training will be held at the LSU Human Development Center in New Orleans, on Friday, February 3, 2017.

Topics to be covered include Diagnosis and Treatment, Early Childhood and Special Education, Juvenile and Adult Criminal Justice, and the issues of strategies and interventions from medical, social services, mental health and others. Advocacy will also be addressed.

The CDC studies has identified 0.2 to 1.5 infants with FAS for every 1,000 live births in certain areas of the United States. The most recent CDC study analyzed medical and other records and found FAS in 0.3 out of 1,000 children from 7 to 9 years of age. Studies using in-person assessment of school-aged children in several U.S. communities report higher estimates of FAS: 6 to 9 out of 1,000 children. Experts estimate that the full range of FASDs in the United States and some Western European countries might number as high as 2 to 5 per 100 school children. Experts look to the prevalence of alcohol use and binge drinking among women of child-bearing age, to be a community risk marker. In Louisiana, 54.3 percent of child-bearing age women report using any alcohol and 16.8 percent reporting binge drinking.

Assn of Family and Conciliation Courts Conference in January

The Louisiana chapter of the Association of Family and Conciliation Courts will hold its 2017 state conference on January 27–28 at the Paul M. Hebert Law Center on the LSU Campus in Baton Rouge.

Professionals can earn 12.5 approved CLEs/CEUs. Conference keynote speaker, Marsha Kline Pruett, PhD, MSL, will speak on "Infants and Overnights." The conference supports professional networking and problem solving, on topics such as domestic violence, issues with adolescents, and grandparent rights.

Submissions Deadline Today

APS Annual Convention, Set for May 25-28, 2017

The Association for Psychological Science will hold its 29th Annual Convention in Boston, May 25 to 28, 2017.

The Call for Submissions for Symposia is December 1. Submissions may be sent via email. Deadline for submissions for posters is January 31, and submitters will be notified on a rolling basis.

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